

**CLAIMS ONLY**

**Application Number**

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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46						
47						
48						
49						
50						
Total						
Indep						
Total						
Depend						
Total						
Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
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97						
98						
99						
100						
Total Indep		3				
Total Depend		26				
Total Claims		23				